	PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS CONTAINING PRODUCTS, WRIGHNESS PRODUCTS
1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person?
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person: Cender: Male Female
	Last Four Digits of Social Security Number: Birth Date://
3.	What is your Relationship to Other Injured Person: Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From://
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure?
	Case Number: File Date:/
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product:
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From://
10.	Your Basis for Identification of Asbestos-Containing Product as Grace Product:

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PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

٠,

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other force products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire,

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the Industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products (b) A worker who personally removed or cut Non-Grace asbestos-containing
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
 - (f) If other, please specify.

	Same of Same							w	R GRACI	PIQ 0152	32-0017
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		Job I Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job i Description:	Job 2 Description:	Job 3 Description:	
	Party Against which Lawsuit or Claim was Filed:	Site of Exposure 1	Address:City and State:	Site Owner:	Site of Exposure 2 Site Name:	Address:City and State:	Site Owner:	Site of Exposure 3 Site Name:	Address:	Site Owner:	

PART VI: EMPLOYMENT HISTORY



Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Ouestionnaire if additional space is needed.

On a section On the	YE C - J - ED		
Occupation Code:	•		
Industry Code:	If Code 118, specify:		
Employer:			
Beginning of Employment:	_//	End of Employment:	//
Location:			
Address .			
City		State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:.	•	-
Employer:			
Beginning of Employment:	1 1	End of Employment:	//
Location:			
Address			
City	<u> </u>	State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Employer:			·
Beginning of Employment:			//
Location:			
Address	•		
City		State/Province	: Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Employer:			
Beginning of Employment:		End of Employment:	
Location:			
Address			
City		State/Province	Zip/Postal Code

PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR WB GRACE PIQ 015252-0019



	LITIGATION
1.	Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?
	If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2.	Please provide the caption, case number, file date, and court name for the lawsuit you filed:
	Caption:
	Case Number: File Date: / /
	Court Name:
3.	Was Grace a defendant in the lawsuit?
4.	Was the lawsuit dismissed against any defendant?
	If yes, please provide the basis for dismissal of the lawsuit against each defendant:
5.	Has a judgment or verdict been entered?
	If yes, please indicate verdict amount for each defendant(s):
б.	Was a settlement agreement reached in this lawsuit? Yes No
	If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
	a. Settlement amount for each defendant:
	b. Applicable defendants:
	c. Disease or condition alleged:
	d. Disease or condition settled (if different than disease or condition alleged):
7.	Were you deposed in this lawsuit?
	If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.
b.	CLAIMS
l.	Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)?
	If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2.	Date the claim was submitted:
3.	Person or entity against whom the claim was submitted:
4.	Description of claim:
5.	Was claim settled?
6.	Please indicate settlement amount:\$
7.	Was the claim dismissed or otherwise disallowed or not honored?
	The amount of the basis for dismissed of the dains

:	
•	WR GRACE PIG 015262-0020

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS

PART VIII: CLAIMS BY DEPEND	EN 13 OR RELATED LERGONG
Name of Dependent or Related Person:	
Last Four Digits of Social Security Number:	Birth Date:/
Financially Dependent:	Yes No
Relationship to Injured Party: Spouse Child Other	If other, please specify
	•
Mailing Address: Address	
City	State/Province Zip/Postal Code
Daytime Telephone number:	()
PART IX: SUPPORTING	
Please use the checklists below to indicate which documents you	are submitting with this form.
Copies:	
Medical records and/or report containing a diagnosis	X-raysX-ray reports/interpretations
Lung function test results	CT scans
Lung function test interpretations	- CT scan reports/interpretations
Pathology reports Supporting documentation of exposure to Grace	Depositions from lawsuits indicated in Part VII
asbestos-containing products	of this Questionnaire
Supporting documentation of other asbestos exposure	Death Certification
Originals:	
Medical records and/or report containing a diagnosis	Supporting documentation of other asbestos exposure
Lung function test results	X-rays
Lung function test interpretations	X-ray reports/interpretationsCT scans
Pathology reports	CT scan reports/interpretations
Supporting documentation of exposure to Grace aspestos-containing products	Death Certification
	
Grace will reimburse your reasonable expenses incurred in prov which Grace was not a party and/or (b) any documents you he indicate the documents for which you are seeking reimbursemen	ave previously provided to Grace in prior lingation. Please
PART X: ATTESTATION THAT INFOR	MATION IS TRUE AND ACCURATE
The information provided in this Questionnaire must be accorded occurrent that may be used as evidence in any legal procees fraudulent Questionnaire is a fine of up to \$500,000 or imprison: TO BE COMPLETED BY THE INJURED PERSON.	ment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
I swear, under penalty of perjury, that, to the best of my kr Questionnaire is true, accurate and complete.	
Signature:	Date: 12/17/05
Please Print Name: REDACTEI	
Ticase Time Number	· ·
TO BE COMPLETED BY THE LEGAL REPRESENTATE	VE OF THE INJURED PERSON.
I swear that, to the best of my knowledge, all of the inform	
complete. /) //// ////////////////////////////	Date: 12 128 1 2005
Signature: // // // // // // // // Signature:	Date: 10 1 100
Please Print Name: ////////////////////////////////////	

REDACTED

WR GRACE PIQ 015262-0021

SETTLEMENT INFORMATION

Claimant Name: .

Last Four Digits of SSN:

The following is a list of Defendants in which settlements have been reached in the above referenced case.

Halliburton

Total received or expected to be received to date \$36,472.02

CHARVARD MEDICAL SCHOOL

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MASSACHUSETTS GENERAL HOSPITA

BUGENE J. MARK, M. D.

Pathologist Associate Professor Director of Autopsy Service



WR GRACE PIQ 015252-0022

Massachweetts General Hospit Boston, Massachweetts 02114-2: Office Telephone - (617) 726-85 Department Fax - (617) 726-74

Your # OA-94-009 and others, North Carolina

Patient:

REDACTED

My # GM 5516

27 September 1996

Ness, Motley, Loadholt, Richardson & Poole 151 Meeting Street, Sulte 600 Charleston, SC 29402

Diagnosis: Lung, autopsy: Adenocarcinoma, bronchioloalveolar subtype, mucinous.

Dear Sirs:

Histopathologically, the lung contains an adenocarcinoma of bronchiological subtype with extensive mucus production. The malignant cells have large smudged hyperchromatic nuclei and voluminous vacuolar basophilic cytoplasm. The malignant cells line up parallel and tightly apposed one to another along alveolar walls. Abundant mucus occupies the majority of the malignant cells, whose nuclei rest basally. Abundant basophilic mucus fills and distends alveolar airspaces.

Histopathologically, the lung contains asbestos bodies, which are long and brown and beaded on the slides stained with hematoxylin and eosin and long and blue and beaded on the slides stained with prussian blue. The asbestos bodies lie singly and in groups of two and three. Some of the asbestos bodies lie in fibrous scar around blood vessels and others in mucus. The majority of the lung tissue is tumorous, and the asbestos bodies are present at a concentration of approximately two per square centimeter of tumor.

REDACTED

Page.2 GM 5516



Histopathologically, a previous transbronchial biopsy shows the same adenocarcinoma of bronchlologicalveolar subtype with extensive muchs production. The carcinoma cells fill lymphatics. An asbestos body is present in perivascular vascular scar in the biopsy. I have placed a circle with black ink upon the coverslip of the slide to identify the asbestos body.

Cytopathologically, bronchial washings contain mucus and inflammatory cells and are not diagnostic.

The patient developed persistent cough productive of white sputtim of a few months duration in 1994 when he was 68 years old. He had a history of renal calculi and calcified pleural plaques secondary to exposure to asbestos. Radiographic studies of the chest showed multiple nodules in both lungs. Transbronchial biopsy and washings were obtained. A histological diagnosis of attenocarcinoma of possible bronchiological type was made. Chemotherapy was administered. The patient developed progressive respiratory distress and died approximately three months after initial histopathological diagnosis of malignancy. The cause of death was adenocarcinoma of lung according to the Certificate of Death in the State of North Carolina.

The patient smoked cigarettes for many years and had not smoked for approximately the last thirty years according to the medical records, according to a report of L. Christine Oliver, M.D. dated 5 June 1996, according to a report of Stephen H. Dikman, M.D. dated 24 June 1996, and according to a smoking history on a separate sheet of paper. The patient was exposed to asbestos for many years and many years previously according to the medical records, according to the report of Dr. Oliver, according to the report of Dr. Dikman, and according to a work history on a separate sheet of paper. Lung tissue was analyzed for asbestos, and the results indicated a low level occupational exposure to asbestos according to a report of Victor L. Roggli, M.D. dated 13 March 1995. The pathology indicated an exposure to asbestos of levels which are above background levels according to a report of Philip T. Cagle, M.D. dated 8 July 1996. Cigarette smoke and asbestos each can cause carcinoma of the lung including adenocarcinoma. Together, cigarette smoke and asbestos act in a synerglistic manner to cause carcinoma of the lung.

Page 3 GM 5516



I conclude that the patient developed an adenocarchoma of the lung. I conclude that he inhaled asbestos. I conclude that the cigarette smoke which he reportedly inhaled and the asbestos which he inhaled together caused the adenocarcinoma of the lung. I conclude that the contribution of the cigarette smoke was less because he had not smoked for many years than if he had continued to smoke up until the clinical appearance of the carcinoma. I conclude that the adenocarcinoma spread within the lung and caused death.

The pathological materials and the majority of the medical records are hereby returned. Please return the slides when you have completed your need for them, so that they can become part of our permanent collection in pulmonary pathology for teaching and research.

Sincerely yours,

Eugene J. Mark, M.D.

EJM/emw

Enc.

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STATE OF NO	ORTH CAROLINA		File	
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In The Matt	er Of The Estate Of:			1/1.4-7-1/1
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IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

IN RE:) Chapter 11
W. R. Grace & Co., et al.,) Case No. 01-1139 (JFK)) Jointly Administered
Debtors.	Re: Docket Nos. 9301, 11023, 11403

GENERAL OBJECTIONS AND RESPONSES TO DEBTORS' ASBESTOS PERSONAL INJURY QUESTIONNAIRE

, Individually and as Personal Representative of the Heirs and Estate of , referred to hereafter as "claimant," makes the following general objections to debtors "standard questionnaire" to personal injury claimants:

- 1. Claimant objects to the jurisdiction of this Court and that of the United States
 Bankruptcy Court for the District of Delaware. By filing these answers and objections, claimant
 does not submit to these Courts' jurisdiction, and reserves all objections to such jurisdiction.
- 2. Claimant objects to the questionnaire to the extent that it seeks information broader or more extensive than that properly discoverable in the cases in the tort system in which claimants are seeking, or have sought, compensation for the injuries in question. Since state law governs claimants' claims, information that would not be discoverable under state law is likewise not discoverable in this proceeding.
- 3. Claimant hereby incorporates, as additional objections, all objections and arguments set forth in any other parties or committees' objections.



- 4. Claimant objects to the questionnaire pursuant to Fed. R. Civ. Proc. 26(b)(2), on the ground that it is unduly burdensome, and that the burden and expense of providing this information outweighs its likely benefit in any permissible bankruptcy estimation proceeding.
- 5. Claimant objects to any part of the questionnaire that seeks production of confidential information such as settlements with other defendants.

Subject to and without waiving these objections, claimant attaches the interrogatory answers and other discovery products filed by claimant in the case filed by claimant in the tort system. All of the information within claimant's knowledge that is responsive to the questionnaire is contained in these interrogatory answers and their exhibits. Cf. Fed. R. Civ. Proc. 33(d) and 26(b)(2). All objections in the attached interrogatories are incorporated herein as well.

Dated: July 1_, 2006.

Respectfully submitted,

Charles S. Siegel/ State Bar No. 1884187:

WATERS & KRAUS, LLP

3219 McKinney Avenue, Suite 3000

Dallas, Texas 75204

(214) 357-6244

(214) 871-2263 (Fax)

Attorneys for Claimant

waters ways

Via Federal Express: 8566 0084 9769

July 7, 2006

Rust Consulting, Inc.
Claims Processing Agent
RE: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Ave.
Faribault, MN 55021

RE: WR Grace Asbestos Personal Injury Questionnaire

Dear Claims Processing Agent:

Pursuant to your request, Waters & Kraus, LLP, is forwarding your office thirty-two (32) boxes containing our responses to various client questionnaires, attached hereto as Exhibit A.

Each box will contain a confirming cover letter and exhibit list for clients included in that specific box.

Additionally, pursuant to the amended orders, we will not be including responses for clients who held previously unpaid settlements. I am attaching a list of these clients as Exhibit B and can provide supporting documentation of the unpaid settlement upon your request.

Should you have any questions, please do not hesitate to contact me.

Best wishes,

Tracie Patton Whetstone Bankruptcy Manager

a facts Wheten

Attachments



PARTNERS

C. Andrew Waters KAOCHCTXI

Peter A. Kraus nxvai

Charles 5. Slegel mo

Trayce G. Wolf ax

Michael L. Armitage casa

B. Scott Kruka ma

Lesile C. MacLean rix

ASSOCIATES

Michelle B, Norton ax

Nelda Tələməntes Cacciotti 🖚

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Charles E. Valles muso

Greg W. Lisemby ax

Kyla Gall Cole ino

Jay E. Stuemke no

Loren Jacobson www.rx

Joy Sparling ou

acy sparing w

Demetria Frank ax

Kevin M. Loew Kor Sharon J. Zinns KA

•

Julie L. Celum mo

John S. Janefsky (O. oc

Daniel Amos (co

Michael B. Curien ca

Marc L Willick (CA)

Benjamin R. Couture no

Rhonda Bartlett ma

D. Dawn Benjamin ico

OF COUNSEL

Jonathan A. George (CATX,VA)

Mary H. Keyes wo

Gary M. Paul co

waters kraus



ASSOCIATES

PARTNERS

C. Andrew Waters (capcuc,xx Peter A. Kraus myva Charles S. Siegel ma Troyce G. Wolf no Michael L. Armitage «CLU» B. SCOTT KITUKA (DO Lestie C. MacLean mo

Michelle B. Norton no Neida Talamantes Cacciotti ma Paul C. Cook real Charles E. Valles mutu Greg W. Lisemby ox Kyla Gall Cole ma Jay E. Stuemke ox Loren Jacobson ingto Joy Sparling to Demetria Frant mo Kevin M. Loew ca Sharon J. Zinns too Allison D. Dyess my Julie L. Celum do John S. Janofsky (CA DO Michael B. Gurien (ca) Marc I. Willick ICA Dimitri N. Nichols (cx Benjamin R. Couture no Rhonda Bartlett mo

OF COUNSEL Jonathan A. George (CATXVA) Mary H. Keyes (AD) Gary M. Paul ica

D. Dawn Benjamin KA

Via Federal Express: 8566 0084 9508

Rust Consulting, Inc. Claims Processing Agent 201 S. Lyndale Avenue Faribault, MN 55021

RE: WR Grace & Co., Bankruptcy

Dear Claims Processing Agent:

As mentioned in our cover letter, enclosed in this box 1 of 32, please find responses to the WR Grace questionnaire for clients on the attached list.

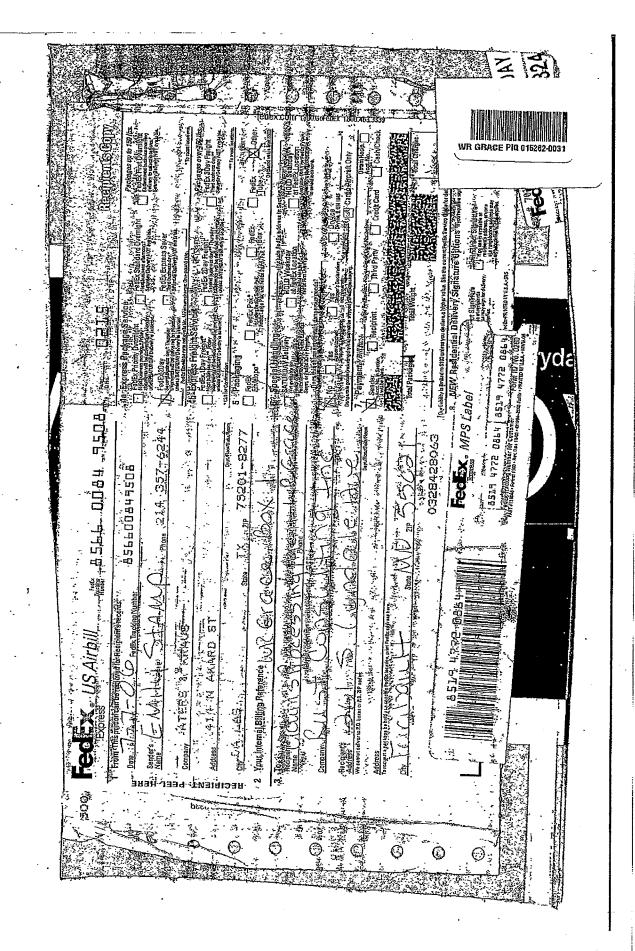
Should you have any further questions, please do not hesitate to contact me.

Best wishes,

Jose Path Whithere

Tracie Patton Whetstone Bankruptcy Manager

Attachement



W. R. Grace Asbestos Personal Injury Questionnaire

1 03 1 560 70 780 84

RE:

Hobin & Shingler, LLP 1101 A Street Antioch, CA 94509 REDACTED

Case 01-01139-AMC Doc 13705-12 Filed 11/17/06 Page 18 of 50

WR GRACE-PIQ 002326-002

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)) Jointly Administered
Debtors.)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES. THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY 201 S. LYNDALE AVE. FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL <u>NOT</u> BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PREPETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS

- 1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "ast WR GRACE-PIQ 002326-004 ages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates, any of the predecessors of any of the Debtors (or any of their respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
- Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing
 Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is
 submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.

- 3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
- 4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
- Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I - Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II - Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

Mesothelioma

A. GENERAL

- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

D. PART III - Direct Exposure to Grace Asbestos-Containing Products

26. Foundry worker

28. Glass worker

30. Insulator

27. Furnace worker/repairman/installer

29. Heavy equipment operator (includes truck, forklift, & crane) 59. Other

n Part III, please provide the requested information for the job and site at which you WR GRACE-PIQ 002326-005 asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing products. Indicate the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

01. Air conditioning and heating installer/maintenance 31: Iron worker 02. Asbestos miner 32. Joiner 03. Asbestos plant worker/asbestos manufacturing worker 33. Laborer 04. Asbestos removal/abatement 34. Longshoreman 35. Machinist/machine operator 05. Asbestos sprayer/spray gun mechanic 06. Assembly line/factory/plant worker 36. Millwright/mill worker 07. Auto mechanic/bodywork/brake repairman 37. Mixer/bagger 08. Boilermaker 38. Non-asbestos miner 09. Boiler repairman 39. Non-occupational/residential 10. Boiler worker/cleaner/inspector/engineer/installer 40. Painter 11. Building maintenance/building superintendent 41. Pipefitter 12. Brake manufacturer/installer 42. Plasterer 13. Brick mason/layer/hod carrier 43. Plumber - install/repair 14. Burner operator 44. Power plant operator 15. Carpenter/woodworker/cabinetmaker 45. Professional (e.g., accountant, architect, physician) 16. Chipper 46. Railroad worker/carman/brakeman/machinist/conductor 17. Clerical/office worker 47. Refinery worker 18. Construction - general 48. Remover/installer of gaskets 19. Custodian/janitor in office/residential building 49. Rigger/stevedore/seaman 20. Custodian/janitor in plant/manufacturing facility 50. Rubber/tire worker 21. Electrician/inspector/worker 51. Sandblaster 22. Engineer 52. Sheet metal worker/sheet metal mechanic 23. Firefighter 53. Shipfitter/shipwright/ship builder 24. Fireman 54. Shipyard worker (md. repair, maintenance) 25. Flooring installer/tile installer/tile mechanic 55. Steamfitter

Industry Codes

56. Steelworker

57. Warehouse worker

58. Welder/blacksmith.

001. Asbestos abatement/removal 109. Petrochemical 002. Aerospace/aviation 110. Railroad 100. Asbestos mining 111. Shipyard-construction/repair 101. Automotive 112. Textile 102. Chemical 113. Tire/rubber 103. Construction trades 114. U.S. Navy 104. Iron/steel 115. Utilities 105. Longshore 116. Grace asbestos manufacture or milling. 106. Maritime 117. Non-Grace asbestos manufacture or milling 107. Military (other than U.S. Navy) 118. Other 108. Non-asbestos products manufacturing

E. PART IV - Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have asbestos-containing products through contact/proximity with another injured person WR GRACE-PIQ 002326-006 contact/proximity with multiple injured persons, please complete a separate Part IV 101 cach injured person. For your



to Grace through

convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII - Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX - Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Ouestionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

	PARTI: IDENTITY O	r moured i eksor	AIND CEGAL COOK	
a.	GENERAL INFORMATION	REDACTED	WR	GRACE-P1Q 002326-007
1.	Name of Claiman		2. Gen	der: Male Female
	First	MI	Last.	
3.	Race (for purposes of evaluating Pulmona	ry Function Test resul	ts):	White/Caucasian
•			• • • • •	African American
		:		Other
	Last Four Digits of Social Security Number	•	5. Birth Date:	REDACTED
6.	Mailing Address: Address	City	State/Province	7 m/Dontal Code / ' .
£ .			State/Frovince	Zip/Postal Code
<i>1.</i>	Daytime Telephone Number:		······································	
b.	LAWYER'S NAME AND FIRM	•		
1	Name of Lawyer: Lonald S	shingler		
٠,		1 2 6 F 1 1 1	à "Ch)	C 110
Z.	Name of Law Firm With Which Lawyer is		// / J =	- Simon LLP
3.	Mailing Address of Firm: / 0// Address	- Street +	State/Province	Zip/Postal Code
			_	
4.	Law Firm's Telephone Number or Lawye	•	·	
	Check this box if you would like the De lieu of sending such materials to you.	btors to send subsequen	t material relating to your o	laim to your lawyer, in
_	CAUSE OF DEATH (IF APPLICABLE)		, •	
c.	CAUSE OF DEATH (IF ATTLICABLE)		· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
1.	Is the injured person living or deceased? If deceased, date of death:] 	Living Deceased 7/06/2000
	If the injured person is deceased, then atta	ich a copy of the death	certification to this Que	stionnaire and complete
	the following:	a Doodh Coutteada)	Carcinoma	of right lu
٠.	Primary Cause of Death (as stated in the			
	Contributing Cause of Death (as stated	in the Death Certificat	(e):	· · · · · · · · · · · · · · · · · · ·
Se	es attacked PARTH: AS	BESTOS-RELATED	CONDITION(S)	
Ma ins dia and	rk the box next to the conditions with whit ructions to this Questionnaire. If you have be gnostic tests relating to the same condition by any previous or subsequent diagnoses or divenience, additional copies of Part II are attached	ch you have been diageen diagnosed with multiple doctors, please iagnostic tests that charled as Appendix C to the	mosed and provide all im- tiple conditions and/or if ye complete a separate Part I	ou received diagnoses and I for each initial diagnosis
1.	Please check the box next to the condition	being alleged:		
	Asbestos-Related Lung Cancer	Mesothelioma		· :
_	Asbestosis	Other Cancer	(cancer not related to lung	cancer or mesothelioma)
	Other Asbestos Disease		vere Asbestosis	**
	a. Mesothelioma: If alleging Mesothel following (check all that apply):	lioma, were you diagn	osed with malignant me	sothelioma based on the
	diagnosis from a pathologist certifie	ed by the American Boa	rd of Pathology	
	diagnosis from a second pathologis	•		
	diagnosis and documentation supp causal role in the development of the	orting exposure to Grade e condition	e asbestos-containing pro-	ducts having a substantial
	other (please specify):			

Case 01-01139-AMC Doc 13705-12 Filed 11/17/06 Page 24 of 50 PART II: ASBESTOS-RELATED CONDITION(S) (Conti b. Asbestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, w WR GRACE-PIQ 002326-008 imary lung cancer based on the following (check all that apply): findings by a pathologist certified by the American Board of Pathology evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis determined by pathology evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer other (please specify): Other Cancer: (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged: colon pharyngeal esophageal laryngeal stomach cancer other, please specify: (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply): findings by a pathologist certified by the American Board of Pathology evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis determined by pathology a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer other (please specify):

	PART II: ASBESTOS-RELATED CONDITION(S) (Continued)	
d.	Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagreement of the GRACE-PIQ 002	326-009
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine	
•	a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the stan forth in the International Labour Organization's 2000 International Classification of Radiog Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and F.	raphs of
	a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the stan forth in the International Labour Organization's 2000 International Classification of Radiog Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational S Health	raphs of
	asbestosis determined by pathology	
· ·	a pulmonary function test, conducted in accordance with the standards set forth in the American Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating capacity less than 65% predicted	
٠.	a pulmonary function test, conducted in accordance with the standards set forth in the American Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrated vital capacity less than 65% predicted and a EEV1/FVC ratio greater than or equal to 65% predicted and a	nstrating
. •	a supporting medical diagnosis and supporting documentation establishing that exposure t asbestos-containing products had a substantial causal role in the development of the asbestosis	o Grace
	other (please specify):	
٠,	Achaeteria TS alleging Ashesteria anno anno lionaria la allega de C. II. (1. 1. 1. 1. 1. 1.	
, 6	Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):	
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine	
	a chest x-ray reading conducted in compliance with the standards set forth in the International Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader ce the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 or grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of International Classification of Radiographs and Pneumoconioses (2000)	rtified by
	a chest x-ray reading conducted in compliance with the standards set forth in the International Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the UILO International Classification of Radiographs and Pneumoconioses (2000)	B-reader least 1/0
,	asbestosis determined by pathology	
	a pulmonary function test, conducted in accordance with the standards set forth in the American Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demons FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted	strating a
	a supporting medical diagnosis and supporting documentation establishing that exposure t asbestos-containing products had a substantial causal role in the development of the asbestosis	o Grace
	other (please specify):	

PART II: ASBESTOS-RELATED CONDITION(S) (Continued) Other Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, a. WR GRACE-PIQ 002326-010 those above, was your diagnosis based on the following (check all that apply): diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine diagnosis determined by pathology a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) a chest x-ray reading other than those described above a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted a pulmonary function test other than that discussed above a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition a CT Scan or similar testing

[REMAINDER OF PAGE INTENTIONALLY BLANK]

a diagnosis other than those above

other (please specify):

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ese su a	ttached pack	Tespece	ally m	edical reports +
	PART II: ASBESTOS-RELA	TÉD CONDITIO	N(S) (Continu	red)
Information Regard				WR GRACE-PIQ 002326-01
Date of Diagnosis:		•••••		04/12/200
Diagnosing Doctor'	s Name: Dr. De L	207L		· ·
Diagnosing Doctor	s Snecialty			
Diagnosing Doctor'	s Mailing Address: 1479 Address	Ygnacio	Miley	RL # 201
Walnut	Creek	CA	<u>.</u>	•
City			Province	Zip/Postal Code
Diagnosing Doctor'	s Daytime Telephone Number:	************************	(<u>92</u>	5)932-1018
With respect to you	r relationship to the diagnosing (loctor, check all a	pplicable boxe	· ·
Was the diagnosing	doctor your personal physician?		in	Yes No
Was the diagnosing	doctor paid for the diagnostic servi	es that he/she perf	formed?	
If yes, please indicat	e who paid for the services perforn	ed:		
Did you retain couns	el in order to receive any of the ser	vices performed by	y the diagnosing	g doctor? Yes
Was the diagnosing	doctor referred to you by counsel?	*****************************		Yes YN
Are you aware of an	y relationship between the diagnos	ng doctor and you	r legal counsel?	Yes XN
If yes, please explain	¥			·
	,		.==	Vanknown at
at the time of the d	g doctor certified as a pulmonologiagnosis?			Yes 🖸 Ne
diagnosis?	g doctor certified as a patholog			Yes No
· diagnosis?	g doctor provided with your co	· ·	·	Yes Ne
	doctor perform a physical exami			
	se tobacco products?			_
	tobacco products?		-	\ Q
	question is yes, please indicate water and frequency with which su	ch products were	used:	
Cigarettes	Packs Per Day (half pack = .5)	Start `	Year <u>/ 9</u> 3	3 7 End Year 1 9 5 (
Cigars	Cigars Per Day		•	End Year
☐ If Other Tobac	co Products, please specify (e.g			
	Amount Per Day	Start \	Year	End Year
Have you ever been	co Products, please specify (e.g., Amount Per Day diagnosed with chronic obstruct	ive pulmonary dis	sease ("COPD	")? Yes No
	all documents regarding such dia			
	ding Chost Y Doy	4-06-1		
Information Pager	AIR CHOILA-NAY \ \ D , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Trever	_	
	_	whoma reason -1	P MANUEL 4 - 4	
Please check the bo	x next to the applicable location			<u>-</u>
	x next to the applicable location ory Job site Union Hall			<u>-</u>

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LLASE SEE ATTACHEL PACKET

PARTI: ASBESTOS RELATED CONDITION(S) (Continu



Informat	ion Regarding Chest X-Ray Reading	WR GRACE-PIQ 002326-012
Name of	Reader:	
	Daytime Telephone Number:(
	Mailing Address:	
	Address	
City	State/Province	Zip/Postal Code
With res	pect to your relationship to the reader, check all applicable boxes:	
Was the r	eader paid for the services that he/she performed	Yes No
If yes, ple	ase indicate who paid for the services performed:	
Did you	etain counsel in order to receive any of the services performed by the reader	? Yes No
Was the	eader referred to you by counsel?	Yes
	ware of any relationship between the reader and your legal counsel?	
If yes, ple	ase explain:	
Was the	reader certified by the National Institute for Occupational Safety and H	lealth at the time of the reading?
		Yes No
If the rea	nder is not a certified B-reader, please describe the reader's occupation, e reading was made:	specialty, and the method through
Informa	tion Regarding Pulmonary Function Test:	st://
List you	height in feet and inches when test given:	ft inche
List you	weight in pounds when test given:	lb
Total Lu	ng Capacity (TLC):	% of predicte
Forced V	'ital Capacity (FVC):	% of predicte
	VC Ratio:	
	Doctor Performing Test (if applicable):	· · · · · · · · · · · · · · · · · · ·
	Specialty:	
Name of	Clinician Performing Test (if applicable):	
	Doctor or Clinician's Mailing Address:	
	Address	
City	State/Province	Zip/Postal Code
Testing :	Doctor or Clinician's Daytime Telephone Number:(_) -
	Doctor Interpreting Test:	·
	Specialty:	•
THIET PIC	ting Doctor's Mailing Address: Address	
City	State/Province	7im/Doutel Code
City	State/Province	Zip/Postal Code

Interpreting Doctor's Daytime Telephone Number:(____)_

attached PART II: ASBESTOS-RELATED CONDITION(S) (Continued With respect to your relationship to the doctor or clinician who performed the pulmo WR GRACE-PIG 002326-013 applicable boxes: Was the testing doctor and/or clinician paid for the services that he/she performed?...... Yes No If yes, please indicate who paid for the services performed: ____ Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician?... Yes No Are you aware of any relationship between either the doctor or clinician and your legal counsel?...... Yes No If yes, please explain: ___ Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes: Was the doctor your personal physician? ______ Yes No If yes, please indicate who paid for the services performed: Are you aware of any relationship between the doctor and your legal counsel?...... Yes No If yes, please explain Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?...... Yes No **Information Regarding Pathology Reports:** Date of Pathology Report: _____/___/____/ Findings: Name of Doctor Issuing Report: Doctor's Specialty: Doctor's Mailing Address: Address City State/Province Zip/Postal Code With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes: Was the doctor paid for the services that he/she performed? ______ Yes No If yes, please indicate who paid for the services performed: Are you aware of any relationship between the doctor and your legal counsel?...... Yes No If yes, please explain: Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No

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•	attribul anckell	/				
	attribid packet	ESTOS-RELATED C	ONDITION(S) (Conti	ii		1
	•					ż
7.	With respect to the condition alleged,	have you received me	dical treatment from a	WR GRACE-PIC	002326-014	
	•••••	·····			Yes	
	If yes, please complete the following:					
	Name of Treating Doctor:	······································				
	Treating Doctor's Specialty:					
	Treating Doctor's Mailing Address:			-		
	c c	Address		- · _		
	City		State/Province		Zip/Postal Code	
	Treating Doctor's Daytime Telephon	e number:	()		
	Was the doctor paid for the services	that he/she performed	?		Yes 🔲 No	
	If yes, please indicate who paid for the	services performed:				
	Did you retain_counsel in order to re	ceive any of the service	es performed by the do	etor?	Yes No	

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Ad, tall and the few partill direct exposure to grace asbestos-containing products

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

(a) A worker who personally mixed Grace asbestos-containing products

- (b) A worker who personally removed or cut Grace asbestos-containing products
 - (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 - (f) If other, please specify.

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Paso Robles School for Boys Location: Paso Robles, CA	Aame.	Unions of which you were a member during your employment:			m-going))	11			
s School A	s Site Owner: Aame		Hallston Mendifferior of parties		Chimant	2	3-			
aso Roble	Site Type: Residence Business	Employer During Exposure: June	Production	100000	FIVEMENT FIVER LOSPING	11	71			
Site of Exposure:	Site Type:	Employer During		Job Description:	Aremen John Description	Steam &	Job 3 Description: Chie f engineer	Job & Description:	Job 5 Description:	Job 6 Description:

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- (b) A worker who personally removed or cut Grace asbestos-containing products
 - (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others If other, please specify. Ξ

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of Exposure. Sice Name: Colifornia Institut +	Site Type: 🔲 Residence 🕅 Business	Employer During Exposure: ARING	Priorities	The sales of	inghooding	1 1 .	4			
Site of Exposure: Site Name:	Site Type: 🔲 Ret	Employer During E		Job I Descriptionis process	ob 2 Description:	steam	Job 3 Description: Chie P engineer	Job 4 Description:	Job 5 Description:	Job 6 Description:

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Lale tind Copy of PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

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(a) A worker who personally mixed Grace asbestos-containing products

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- (b) A worker who personally removed or cut Grace asbestos-containing products
 - c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others

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please
If other,
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	University Location: Hayward, CA	Unions of which you were a member during your employment:	Datesiand for the contract of	or-going)	11			
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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

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- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed.
 or cut by others

A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others

(f) If other, please specify.

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Nas exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas 185 - In STAILER A TENDOVED 100 ducts 11		† · · `
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Site of Exposure: Site Name:	Job 5 Description:	Job 6 Description:
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	PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING
1.	WR GRACE-PIQ 002326-019 Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person: Not available (N/A) Gender: Male Female N
	Last Four Digits of Social Security Number: N/A Birth Date: N/A
3.	Name of Other Injured Person: Not available (N/A) Last Four Digits of Social Security Number: N/A Co - worker S Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: un known NA From://To://
	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date:/
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product: b_C d = e (per letters on reverse of this page)
	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From:///_9_48 To:///_9_5_7
10	Your Basis for Identification of Asbestos-Containing Product as Grace Product: grent probability Grace products were in use here it this s.t.
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	PART IN INDIRECTE XPOSERE TO GRACE ASBESTOS CONTAINING PRODUCT
1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through course GRACE-PIQ 002326-020
	with another injured person? No
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person: 40 T available (N/A) Gender: Male Female N/A Last Four Digits of Social Security Number:N/A Birth Date://N/A
	Last Four Digits of Social Security Number: NA Birth Date:/ /
3.	What is your Relationship to Other Injured Person: Co-worker (s) Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product: NA
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure?
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date:/
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product: b, C, d and e - per letters or preceding page
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From://_969 To://_975
10.	Your Basis for Identification of Asbestos-Containing Product as Grace Product: Stat probability Grace products were in Use here

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tad	letimal copy of. Paso Robles School for Boys
	PARELY INDIRECT EXPOSERE TO GRACE ASBESTOS CONTAINING PRODUCTION TO BOYS
1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through (WR GRACE-PIQ 002326-021
	with another injured person?
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person: 10 t available (N/A) Gender: Male Female N/A
	Last Four Digits of Social Security Number: N/A Birth Date: / / N/A
3.	What is your Relationship to Other Injured Person: Co-worker(S) Spouse _ Child XOther
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: link nown - 1/4 From:/ To:/ To:/
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
	Has the Other Injured Person filed a lawsuit related to his/her exposure? // A Yes No
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date:/
ı	Court Name:
Ŀ	Nature of Your Own Exposure to Grace Asbestos-Containing Product:
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From://_959 To:/_////////_
10,	Your Basis for Identification of Asbestos-Containing Product as Grace Product: The probability Grace products were in use at this site

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	PARTIN INDIRECTEXPOSURE DO GRACE ASBESTOS CONTENING PRODUCTS
-	
1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products throu WR GRACE-PIQ 002326-022
	with another injured person?
-	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person: Not available (N/A) Gender: Male Female N/A
	Last Four Digits of Social Security Number: NA Birth Date:/ NA
3.	What is your Relationship to Other Injured Person: Co-worke(s) Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date: / /
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product: 6, C, d v e - per letters on preceding page
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From://1964To:/_/1969
10.	Your Basis for Identification of Asbestos-Containing Product as Grace Product: grent probability Grace products were in use here

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PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix P to this Questionnaire.

if exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products (d)
 - (b) A worker who personally removed or cut Non-Grace asbestos-containing
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed
 or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed on our but has others or cut by others

•	Specify.
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Nature of	Exposure		•				,					1	WR G	iRAC	E-P	19 0	0232	26-02	23
Was exposure due to working in or around areas where product was being instelled mixed general or and	If Yes, please indicate your regular proximity to such areas													The state of			,		•
Industry	If Code 118, specify,								-			-			-				
Occupation Code	If Code 59. specify.		•			-			•		•				-				
Dates and Frequency	(hours/day, days/year)												٠.				•		
Droduotic	(e)paracity																		
Claim was Filed:		Job 1 Description:	,	Job 2 Description:	-	Job 3 Description:		Job 1 Description:		Job 2 Description:		Job 3 Description:		Job 1 Description:		Job 2 Description:		Job 3 Description:	
Party Against which Lawsuit or Claim was Filed:		Site of Exposure 1	Site Name:	Address:	City and State:	Site Owner:		Site of Exposure 2	Site Name:	Address:	City and State:	Site Owner:		Site of Exposure 3	Site Name:	Address:	City and State:	Site Owner:	

Case 01-01139-AMC Doc 13705-12 Filed 11/17/06 Page 40 of 50

	PART VI: EMPLOYMENT HISTORY	
merganis your carrent embloying	or V, please complete this Part VI for all of your prior indent. For each job, include your employer, location of employerked for at least one month. Please use the copy of Part is needed.	Overson, and wares or commowment
	If Code 59, specify:	
	If Code 118, specify:	
Employer: US Navy		
Beginning of Employment:	/ / <u>/ /</u>	. = 1 1941
Location:		·
tka, Ak for 18	mos also served on 11	SS Langley
S City Memphis USS S Wyoming USS	mos also served on U. S Mend Destroye, State/Province Texas	Zip/Postal Code
Occupation Code: 4/	If Code 59, specify:	
Industry Code: 103	If Code 118, specify:	* -
Employer: San Diego	Marine Construction Co	
Beginning of Employment:		, ,1942
Location:	End of Employment	·//
Address		
City	State/Province	Zip/Postal Code
Occupation Code: 22 - 24	If Code 59, specify:	
Industry Code: 106	If Code 118 specify:	
Employer: United	If Code 118, specify:	<u> </u>
		//
Address		
City	State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:	
	If Code 118, specify:	
Beginning of Employment:		:/
*		
Address		

	LITIGATION WR GRACE-PIQ 002326-025
	Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?
	If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
,	Please provide the caption, case number, file date, and court name for the lawsuit you filed:
	Caption: See attachel nincket
	Case Number: _ REDACTED File Date:
	Court Name:
,	Was Grace a defendant in the lawsuit?
•	Was the lawsuit dismissed against any defendant?
	If yes, please provide the basis for dismissal of the lawsuit against each defendant:
	See attached Exhibit A
	Has a judgment or verdict been entered?
	If yes, please indicate verdict amount for each defendant(s):
•	Was a settlement agreement reached in this lawsuit?
	If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
	a. Settlement amount for each defendant: <u>Confidential</u>
	b. Applicable defendants: See attached
	c. Disease or condition alleged: <u>Carcinoma of right lung</u> d. Disease or condition settled (if different than disease or condition alleged): <u>-on death certific</u>
	Were you deposed in this lawsuit?
(If yes and Grace was not a party in the lawsuit, please attach a copy or your pour to this Questionnaire. Stace was a party, AND Plaintiff's Respondent to Interrog A
	CLAIMS are attached
•	Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)?
	If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
	Date the claim was submitted: \\ \(\alpha \) 1 0 665
	Power or ortific against whom the slain was only it it it that his one Walker Pakers tories
•	Chartee 11
	Description of claim: West on Macarines Plant In.
•	
•	Was claim settled? In Process United States Mineral Yes No
•	Was claim settled? In Process United States Mineral Yes No Products Products Products
	Person or entity against whom the claim was submitted: Harbison Walker Refractories Description of claim: Chapter 11 Western Macarthus Plant Inc. Was claim settled? In Process United Sheppards Was claim settled? In Process United Sheppards Products Products Was the claim dismissed or otherwise disallowed or not honored? In Process Yes No.

PART VIII: CLAIMS BY DEPENI	DENTS OR RELATED PERS
Name of Dependent or Related Person:	WR GRACE-PIQ 002326-026 Gender: ☐ Male ☑ Female
Last Four Digits of Social Security Number:	Birth Date: /
Financially Dependent:	
Relationship to Injured Party: Spouse Child Other	
· -	asc specific
Mailing Address:	
City 2	State/Province Zip/Postal Code
City Daytime Telephone number: Please Caul ICA	rald Shingler 925, 757-7020
PART IX: SUPPORTIN	
Please use the checklists below to indicate which documents yo	
Copies:	X Work heatner
Medical records and/or report containing a diagnosis	X-rays X-ray reports/ int erpretations
Lung function test results Lung function test interpretations	CT scans
Pathology reports	CT scan reports/interpretations
Supporting documentation of exposure to Grace	Depositions from lawsuits indicated in Part VII
asbestos-containing products	of this Questionnaire Death Certification
Supporting documentation of other asbestos exposure originals:	X Caption of complaint
Medical records and/or report containing a diagnosis	Supporting documentation of other asbestos exposure
Lung function test results	 ☐ X-rays ☐ X-ray reports/interpretations
Lung function test interpretations Pathology reports	CT scans
Supporting documentation of exposure to Grace asbestos-containing products	CT scan reports/interpretationsDeath Certification
which Grace was not a party and/or (b) any documents you indicate the documents for which you are seeking reimbursements	•
PART X: ATTESTATION THAT INFO	RMATION IS TRUE AND ACCURATE
document that may be used as evidence in any legal proce	curate and truthful. This Questionnaire is an official court ceding regarding your Claim. The penalty for presenting a nment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
I swear, <u>under penalty of perjury</u> , that, to the best of my lead of Questionnaire is true, accurate and complete.	knowledge, all of the foregoing information contained in this
Signature:	
Please Print Name:	
TO BE COMPLETED BY THE LEGAL REPRESENTAT	TVE OF THE INJURED PERSON.
complete.	rmation contained in this Questionnaire is true, accurate and
Signatura: / MMM/	Date: <u>0</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>2</u> <u>0</u> <u>0</u> <u>6</u>
Please Print Name: Roman Shingles	



W.R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

The United States Bankruptcy Court for the District of Delaware In re:W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF) (Jointly Administered)

SUBMIT COMPLETED CLAIMS TO:

Claims Processing Agent Re: W.R. Grace & Co. Bankruptcy PO Box 1620 Faribault, MN 55021-1620

For a complete list of the Debtors in this case, please see "The Debtors" section of the General Instructions for Completing Proof of Claim Forms. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.

PremierView[™] forms by NCS Pearson MM243847-2

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INSTRUCTIONS FOR FILING THE W. R. GRACE & CO ASBESTOS MEDICAL MONITORING PROOF OF CLAIM I



WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

- 1. This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.
- 2. The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.
- 3. This form should not be used for claims for an Asbestos Property Damage Claim or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
- 4. Please do not distribute this form to others. Please call the Claims Processing Agent at 1-800-432-1909 to request additional forms if they are needed.

GENERAL INSTRUCTIONS

- 1. This form must be signed by the claimant or authorized agent of the claimant, THIS FORM MUST BE RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault MN 55021-1620. If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
- 2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
- 3. This form must be filled out completely using BLACK or BLUE ink or may be typewritten.
 - Please print clearly using capital letters only.
- Do not use a felt tip pen.

· Skip a box between words.

- Do not bend or fold the pages of the form.
- Do not write outside of the boxes or blocks.
- 4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
- 5. Mark check boxes with an "X" (example at right).

NAME HERE

- 6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
- 7. Make a copy of your completed Form to keep for your records. <u>Send only original</u> Forms to the Claims Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy
 P.O. Box 1620

Faribault MN 55021-1620.

8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

PART I: CLAIMANT IDENTIFICATION	
NAME: REDACTED	WR GRACE-PIQ 002326-029
First Middle Last GENDER: MALE FEMALE	Jr/Sr/III
/ -	
SOCIAL SECURITY NUMBER: BIRTH DATE:	•
Month Day Year	
Residential Address:	
REDACTED	
Street Address	1 1 1 1 1 1 1 1 1 1
City	State Zip Code /Province /Postal Code
	71700mie 710sm oone
Country (if not U.S.) Day Time Telephone	9 ∞
(
Area Code	
PART II: ATTORNEY INFORMATION	
If an attorney is representing this claimant or the representative of this claimant	complete this section.
(You do not need to be represented by an attorney to submit a co	laim.)
Law Firm Name	
HOBINISHINGLER J SIMON LLP	
Attorney Name	
ROWALD J SHIWGLER	
First MI Last	'1
Mailing Address for Claim-Related Correspondence	
ANTIOCH	CA 94509
City	State Zip Code
	/Province /Postal Code
Country (if not U.S.)	
Telephone Number Fax Number	_
(925) 757-7585 (925) 757-0153	
Area Code · Area Code	-
E-Mail Address	•
MARYMOHSLAW. WET	

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PART III: Questions Applicable To Persons Claiming Exposure To Asbestos In The Libby, Montana Area (Lincoln County, A. RESIDENCE/EMPLOYMENT INFORMATION WR GRACE-PIQ 002325-030

Were you ever a	resident of I	incoln Con	ntv Montan	122			
	X No	ZIICOMX COU			,	· · · · ·	
/ During what pe	riod of time?	What was	were your i	residential	address(es) d	uring each such p	eriod of time?
Start Date	Er	nd Date				3	
Month Year		onth Year				. *	
Residential A	ddress:	•				•	
Street Address							
City						3	Zip Code /Postal Code
Taxa Taxa San San San San San San San San San Sa						erani. Partitoria in institut	
Start Date		nd Date	T				
Month Year Residential A		onth Year					
Street Address							
City							Zip Code /Postal Code
Start Date	Ec	ıd Date					
Month Year		onth Year					
Residential A		Airens 16001					
						进行外边对	
Street Address		entire testing					
	MIT I						
City					and the second second		Zip Code

2.	List your jobs, employers and employment locations during each period of time in which you lived in Lincoln County.								
1.	Employment Dates:								
	From To To Month Year Month Year	WR GRACE-PIG 002326-031							
2.	Occupation:								
	description								
		-							
2									
3.	Claimant's Employer								
4.	Employment Location:								
	Street Address,								
	City	7th Code							
		Zip Code /Postal Code							
ī.	Employment Dates: From To								
	Month Year Month Year								
2.	Occupation:								
•	description								
3.	Člaimant's Employer								
4.	Employment Location:								
	Stréet Address								
		Zip Code /Postal Code							

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continued.	•••								<u> </u>		
The Market					5. 9. 8.		Servic				III parti
From	nent Dates:	То						WR GRA	CE-PIQ	002326-03	
									SE THE	002320-0	
Month 1	Year	Month Ye	ar								
Occupation	on:				11.	Fal. La	\$ 49 (40 h)				
description									14 15 E		推出了
								<u> </u>	4 4 4.		12.5
3								3			
										•	
Claimant	s Employer			XXXX							
			1411					, 1290) Halala	<u> </u>		
						Edition 1					
Employm	ent Location:			energy and		7. W. S. 17. 18. 17.3			· · · · · · · · · · · · · · · · · · ·	2.139(32) 3. 305	
Street Addre									<u>:</u>		
Succeptation		नीय है।					1	·· []		7	
City					114						p Code
											p Coue Postal Code
Were you o	or any membe	r(s) of your J	ousehold	an emple	oyee of`	W.R. Gra	ce while	e you liv	ed in 1	Lincoln	County?
☐ Yes	□ No								. ,	,	
If you were	an employee	of W.R. Grac	e, did vou	work:							
	ining of verm		, ,								
Yes	□ No										
•	ng what time _l	neriod? Wh	at iobs did	VOII ner	form?						
Start Dat		End Date	,0	, om pox.							
Month Y	Year	Month Year	r								
Occupatio	n:			TTI		·					
	<u> </u>		1 1 1		1 1						
description											
description							•				
description							•				

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continued	R Habbarte de de la labrate de						
•							
b. In the milling or screening of vermiculite ore? □ Yes □ No	WR GRACE-PIQ 002326-033						
*							
If yes, during what time period? What jobs did you perform?							
Start Date End Date Month Month Year Month							
Occupation:							
description							
c. In the vermiculite expansion plant?							
Ţ□ Yes □ No							
If yes, during what time period? What jobs did you perform?	=						
Start Date End Date							
	. •						
Month Year Month Year Occupation:							
description							
·							
·							
d. If employed at any other W.R. Grace location, please specify. W	hat jobs did you perform?						
Site Name:							
Site Owner:							
Site Address:							
Street Address							
City	Zip Code						
Occupation:	/Postal Code						
description							
<u> </u>							

OTHER CLAIMS OR LITIGATION	
Have you ever brought or filed any worker's compens	sation claims against Grace?
√ Yes No	
If yes, answer this section.	
1. Describe the injury for which you sought compe	ensation.
·	
<u>.</u>	
2. When was the claim filed? Date	<i>:</i>
	•
Month Year	•
3. What was the result of the claim?	
☐ Claim Paid ☐ Pending	-
☐ Claim Denied ☐ Other (please of	describe)
i i	
	·
Have you ever filed any other claims or lawsuits again	ost Grace?
_	st Grace?
Yes □ No	ist Grace?
Yes □ No	st Grace?
Yes □ No	ist Grace?
☐ Yes ☐ No If yes, answer this section.	ist Grace?
☐ Yes ☐ No If yes, answer this section.	ist Grace?
☐ Yes ☐ No V If yes, answer this section.	ist Grace?
Yes No Y If yes, answer this section. 1. Please describe the claim or lawsuit.	ist Grace?
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit.	ist Grace?
Yes No Y If yes, answer this section. 1. Please describe the claim or lawsuit.	
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year 3. Where was the claim or lawsuit filed (court or other)	
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year	
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year 3. Where was the claim or lawsuit filed (court or oth Court or Claims Authority:	
If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year	
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year 3. Where was the claim or lawsuit filed (court or oth Court or Claims Authority: Name Name	
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year	
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year 3. Where was the claim or lawsuit filed (court or oth Court or Claims Authority: Name City 4. What was the result of the lawsuit or claim?	her claims authority)? State /Province
Yes No If yes, answer this section. 1. Please describe the claim or lawsuit. 2. When was the claim or lawsuit filed? Date Month Year	her claims authority)? State /Province